EAGLETON HOME FDD 14135 150TH AVE

BLOOMER 54724	Phone: (715) 288-6311	<u>.</u>	Ownership:	Corporation
Operated from 1/1 To 1	2/31 Days of Operation:	366	Highest Level License:	FDDs
Operate in Conjunction w	ith Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and	d Staffed (12/31/04):	28	Title 18 (Medicare) Certified?	No
Total Licensed Bed Capac	ity (12/31/04):	28	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 1	2/31/04:	28	Average Daily Census:	27

Services Provided to Non-Residents	Age, Gender, and Primary Di	Length of Stay (12/31/04)							
Home Health Care	 Primary Diagnosis	 %	Age Groups	%	 Less Than 1 Year	14.3			
Supp. Home Care-Personal Care	No					1 - 4 Years	39.3		
Supp. Home Care-Household Services	No	Developmental Disabilities	100.0	Under 65	57.1	More Than 4 Years	46.4		
Day Services	No	Mental Illness (Org./Psy)	0.0	.0 65 - 74		4			
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	14.3		100.0		
Adult Day Care No		Alcohol & Other Drug Abuse	ohol & Other Drug Abuse				******		
Adult Day Health Care No		Para-, Quadra-, Hemiplegic 0.0 95 & Over 0.0 Full-Time F			Full-Time Equivalent	Equivalent			
Congregate Meals No		Cancer	0.0			Nursing Staff per 100 Residents			
Home Delivered Meals No		Fractures	0.0	İ	100.0	(12/31/04)			
Other Meals	No	Cardiovascular	0.0	65 & Over	42.9				
Transportation	No	Cerebrovascular	0.0			RNs	5.8		
Referral Service	No	Diabetes	0.0	Gender	%	LPNs	11.3		
Other Services	No	Respiratory				Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	0.0	Male	57.1	Aides, & Orderlies	51.7		
Mentally Ill	No			Female	42.9	İ			
Provide Day Programming for			100.0	İ		İ			
Developmentally Disabled	Yes			İ	100.0	İ			

Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other		P	rivate Pay	!		amily Care			anaged Care	l		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				28	100.0	149	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	28	100.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende:	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		28	100.0		0	0.0		0	0.0		0	0.0		0	0.0		28	100.0

EAGLETON HOME FDD

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services	, and Activities as of 12/	31/04
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	8	As	sistance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		75.0	25.0	28
Other Nursing Homes	20.0	Dressing	14.3		75.0	10.7	28
Acute Care Hospitals	0.0	Transferring	60.7		25.0	14.3	28
Psych. HospMR/DD Facilities	20.0	Toilet Use	21.4		60.7	17.9	28
Rehabilitation Hospitals	0.0	Eating	21.4		57.1	21.4	28
Other Locations	60.0	*******	******	*****	******	* * * * * * * * * * * * * * * * * * * *	******
Total Number of Admissions	5	Continence		%	Special Trea	tments	용
Percent Discharges To:		Indwelling Or Extern	al Catheter	0.0	Receiving :	Respiratory Care	10.7
Private Home/No Home Health	0.0	Occ/Freq. Incontinen	t of Bladder	89.3	Receiving	Tracheostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinen	t of Bowel	64.3	Receiving	Suctioning	3.6
Other Nursing Homes	0.0				Receiving	Ostomy Care	0.0
Acute Care Hospitals	0.0	Mobility			Receiving '	Tube Feeding	7.1
Psych. HospMR/DD Facilities	66.7	Physically Restraine	d	0.0	Receiving 1	Mechanically Altered Diets	75.0
Rehabilitation Hospitals	0.0						
Other Locations	0.0	Skin Care			Other Reside	nt Characteristics	
Deaths	33.3	With Pressure Sores		0.0	Have Advan	ce Directives	100.0
Total Number of Discharges		With Rashes		0.0	Medications		
(Including Deaths)	3				Receiving	Psychoactive Drugs	78.6

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities *****************************

	This Facility	=	'DD :ilities		All ilties
	%	8	Ratio	8	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96.4	93.1	1.04	88.8	1.09
Current Residents from In-County	21.4	35.3	0.61	77.4	0.28
Admissions from In-County, Still Residing	20.0	11.4	1.76	19.4	1.03
Admissions/Average Daily Census	18.5	20.4	0.91	146.5	0.13
Discharges/Average Daily Census	11.1	28.3	0.39	148.0	0.08
Discharges To Private Residence/Average Daily Census	0.0	12.1	0.00	66.9	0.00
Residents Receiving Skilled Care	0.0	0.0	0.00	89.9	0.00
Residents Aged 65 and Older	42.9	16.0	2.67	87.9	0.49
Title 19 (Medicaid) Funded Residents	100.0	99.1	1.01	66.1	1.51
Private Pay Funded Residents	0.0	0.5	0.00	20.6	0.00
Developmentally Disabled Residents	100.0	99.2	1.01	6.0	16.57
Mentally Ill Residents	0.0	0.4	0.00	33.6	0.00
General Medical Service Residents	0.0	0.4	0.00	21.1	0.00
Impaired ADL (Mean)*	48.6	55.0	0.88	49.4	0.98
Psychological Problems	78.6	48.1	1.63	57.7	1.36
Nursing Care Required (Mean)*	12.1	10.7	1.12	7.4	1.62